



## QUESTIONS FOR MEDICAL EXAMINING BOARD NOMINEE - PHYSICIAN MEMBER

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### CONNECTICUT MEDICAL EXAMINING BOARD (CGS § 20-8A)

The Medical Examining Board is within the Department of Public Health (DPH). By law, it must (1) hear and decide matters concerning suspension or revocation of a practitioner's license, (2) adjudicate complaints against practitioners, and (3) impose sanctions where appropriate. The board must refer all charges filed with the board by DPH to a medical hearing panel within 60 days of receiving the charges. The board reviews a panel's proposed final decision and may adopt or modify the decision or remand it to the panel for further review or the taking of additional evidence.

### NOMINEE QUESTIONS

1. What do you consider the board's primary role and function? Is its primary responsibility to the medical community or health care consumers?
2. What particular experience, expertise, and other assets do you bring to the board?
3. In 2012, the board expanded from 15 to 21 members to include public members and representatives of certain medical specialties. How have these changes affected the board's ability to meet its statutory duties? How have they changed the board's culture? Have they improved the board's decision making process?
4. The medical board has been publicly criticized for failing to discipline physicians in a timely and appropriate manner. Has increasing the board's membership impacted the length of the disciplinary process?

5. The law allows the DPH commissioner to waive up to 10 contact hours of continuing medical education for a physician who (a) serves on the board or a medical hearing panel or (b) helps DPH with its duties to its professional boards and commissions. Can you think of other ways to encourage physicians to engage in such service?
6. Connecticut is one of only a few states that does not have an independent medical board. Do you think the board as currently structured, funded, and administered is appropriate and allows it to successfully meet its statutory duties?
7. How do you view the relationship between the board and DPH?
8. Historically, Connecticut has ranked lower than most other states in its rate of physician discipline. How do you react to this? Should the board take steps to improve its ranking?
9. What are your views on the program that allows physicians, with the consent of DPH, to participate in appropriate rehabilitation programs (e.g., for physical or mental illness or substance abuse)?
10. Currently, you serve as associate program director for performance improvement at a Veterans Affairs hospital. In this role, how do you address complaints related to the performance of medical staff?
11. 2015 legislation (PA 15-88) established requirements for specified health care providers who use telemedicine and required certain health insurers to cover medical services provided through telemedicine. What is your opinion on the practice of prescribing medicine using telemedicine technologies?
12. Like many other states, Connecticut is facing an increase in the number of emergency room visits and drug overdose deaths involving opioid analgesics. In recent years, the legislature addressed prescription drug abuse in a number of ways, including imposing additional continuing medical education requirements on physicians, increasing access to opioid antagonists, and creating a state prescription drug monitoring program. Do you think the board has a role in reducing opioid abuse? If so, what is that role?

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